



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• HAD001029297

INSTALLATION ADDRESS

HERRINACK INDUSTRIES FINISHES*
PO BOX 129
HAVERHILL

MA 01830

133 RAILROAD AVE
HAVERHILL

MA 01830

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

MEMO TO FILE NUMBER: MA D001029297

This company was involved in a project attempting to identify "potential non-notifiers" in Massachusetts. The background to this project is as follows:

On May 9, 1984, the Massachusetts Department of Environmental Quality Engineering (DEQE) referred a number of sources which had been identified as "potential non-notifiers" to EPA for review, appropriate compliance and/or enforcement action. As a follow-up to this referral EPA issued on 11/29/84, a number of "Request for Information" letters (see Attachment 1) to a select number of these sources, including the above-mentioned company.

After reviewing the company's response to our inquiry (see Attachment 2), it was recognized that the company had notified EPA of hazardous waste activity taking place at the company under the Resource Conservation and Recovery Act (RCRA). For one of various reasons (i.e. company changed name) this was not discovered at the initiation of the project. To conclude the company's involvement in the project, a letter was sent to the company acknowledging the company's previous notification under RCRA (see Attachment 3).

Any other project-related information (i.e. phone memos, information supplied by the state, etc.) is attached to the company's response (Attachment 2).

Christine O'Shaughnessy
State Waste Programs Branch



Attachment 1

Form
Letter

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION I

J. F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

11/29/84 George Olson

~~Wolverine Corp.~~
~~30 Osgood~~
~~Methuen, MA 01844~~

RE: Request for information pursuant to §3007 of the Resource Conservation and Recovery Act, 42 U.S.C. §6927.

Dear Sir:

On October 21, 1976, Congress enacted the Federal Resource Conservation and Recovery Act (the "Act"), 42 U.S.C. §6901 et seq., which provided for the development and implementation of a comprehensive program to protect human health and the environment from improper management of hazardous waste. The Act requires any person generating or transporting a hazardous waste, or owning or operating a facility for the treatment, storage or disposal of a hazardous waste to notify the Environmental Protection Agency (EPA) of this activity. This notification includes the location and general description of the hazardous waste activity and the hazardous wastes handled.

Your organization has been identified by EPA (in conjunction with the Massachusetts Department of Environmental Quality Engineering) as one which may handle hazardous waste. In order to fully assess your facility's compliance with applicable state and federal requirements, certain information is necessary.

We hereby request that the information detailed on Attachment 1 be furnished to the EPA within twenty (20) days of receipt of this letter. Please be advised that this information request is being made pursuant to the authority of Section 3007 of the Act, 42 U.S.C. §6927.

Section 3007 of the Act provides that "any person who generates, stores, treats, transports, disposes of, or otherwise handles or has handled hazardous waste shall upon request of any officer, employee or representative of the Environmental Protection Agency... furnish information relating to such wastes..."

You will find the following documents enclosed for your assistance in supplying the requested information:

1. Federal Register Composite "Identification and Listing of Hazardous Waste", May 19, 1980 and November 12, 1980.

2. SW-840 "Hazardous Wastes Information: Notification Requirements", June, 1980.
3. Federal and State Regulation of Hazardous Waste, DEQE, 9/84.

This information request is not subject to the approval requirements of the Paperwork Reduction Act of 1980, 44 U.S.C. §3501 et seq. You may, if you desire, assert a business confidentiality claim covering part or all of the information requested, in the manner described by 40 CFR §2.202(b). Information covered by such a claim will be disclosed by EPA only to the extent and by the means of the procedures set forth in 40 CFR Part 2, Subpart B. If no such claim accompanies the information when it is received by EPA, it may be made available to the public by EPA without further notice to you. You should read the above-cited regulations carefully before asserting a business confidentiality claim, since certain categories of information are not properly the subject of such a claim.

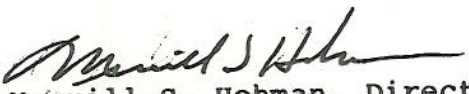
Please send the information requested above to:

Christine O'Shaughnessy
State Waste Programs Branch
U.S. Environmental Protection Agency
JFK Federal Building, Room 409
Boston, MA 02203

Failure to comply with the above request within twenty (20) days of receipt of this letter, or to adequately justify such failure to comply, may result in an enforcement action by EPA, including the assessment of penalties. Moreover, any person who knowingly makes a false statement or representation in any record, report or other document filed pursuant to Subtitle C of the Act shall be liable for a fine of up to \$25,000 for each day of violation or imprisonment for up to one year upon conviction in federal court.

If you have any questions with regard to the above, please contact Christine O'Shaughnessy at (617) 223-1926.

Sincerely,


Merrill S. Hohman, Director
Waste Management Division

Enclosures

Attachment 1

Please review the enclosed information to determine if your operation generates or handles hazardous waste. If you handle hazardous waste but have already filed a Notification of Hazardous Waste Activity (EPA Form 8700-12), please report the date of this notification and the I.D. Number issued if applicable. Otherwise, provide the following information:

1. Briefly describe your current operations and any changes made in the operation since November 19, 1980.
2. List all hazardous wastes you handle or have handled since November 19, 1980 that are identified in the enclosed regulations or in 310 CMR §§30.120 - 30.133. Include information as to the process and manner in which those wastes are generated or other information concerning their origin. Also include information as to the chemical composition, characteristics (i.e. ignitability, corrosivity, reactivity and toxicity) and hazardous constituents contained in each waste.
3. For each hazardous waste identified in item 2, list (in kilograms) quantities handled per month for each month since November of 1980 and the total amount of each waste currently on-site.
4. Describe any past or present on-site storage, treatment or disposal practices for the hazardous wastes identified in item 2 above, including the dates and quantities of wastes involved.
5. Briefly describe any wastewater treatment system in use at your operation which may involve hazardous wastes. Include your NPDES permit number or the name of the municipal sewer system into which you discharge if applicable.
6. If you do not treat or dispose of an identified hazardous waste on-site, report the names and addresses of any transporter and off-site treatment, storage or disposal facilities that handle the waste, the dates of such handling and the quantities of waste involved.
7. State the month and year when hazardous waste activities commenced at your site (even if they were originated by a previous owner).
8. Detail any past contact (provide copies of correspondence if applicable) with State or Federal agencies regarding hazardous waste activity at your site.

Please submit copies of records (specifically manifests and/or bills for lading for hazardous waste shipments) described in, or which contain information described in paragraphs (1) through (8) above.

JnA

Attachment 2

DEC 12 1984



DIVISION COULTER FIBRES

EXECUTIVE OFFICES and FACTORY
33 Railroad Avenue
P.O. Box 129
HAVERHILL, MASSACHUSETTS 01831
617-374-4758

December 6, 1984

United States Environmental Protection Agency
Region I
J.F. Kennedy Federal Bldg.
Boston, MA 02203

Gentlemen:

The only hazardous waste we generate is the ignitable sludge material that is not regenerated when our wash solvents are drained off for distillation about three times a year. At these times, we develop 6 to 7 drums of sludge that we have to dispose of using a licensed handler and incinerator of the material.

Back in 1980 we applied for an E.P.A. ID number on form 3510-1 and also completed form 8700-12, copies of which are enclosed.

From the wording in paragraph one of attachment one of your November 29, 1984 "Request for information Pursuant to 3007 of the RCRA 42 USC #6927" it appears we are satisfying your requirements. If you require repeated answers to items 1 through 8 please notify us.

Sincerely,

MERRIMACK INDUSTRIAL FINISHES

Richard H. Moody

Richard H. Moody
President

Enclosures

Attachment 3

March 22, 1985

Mr. Richard Moody
Merrimack Industrial Finishes
33 Railroad Avenue/P.O. Box 129
Haverhill, MA 01831

Dear Sir:

This letter is to acknowledge receipt of your letter dated December 6, 1984 replying to our request for information on hazardous waste activities conducted by your organization. Your response indicates that you have already notified as a handler of hazardous waste under the Resource Conservation and Recovery Act.

Thank you for your cooperation and timely response.

Sincerely,

Ira W. Leighton, Chief
MA/VT Waste Programs Section

CONCURRENCES

SYMBOL	SWPB	SWPB					
SURNAME	HO	Leighton					
DATE	3/22/85	3/22/85					

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Richard Moody
Merrimack Industrial Finishes
33 Railroad Avenue
Haverhill, MA 01830

6/21/82

RE: EPA I.D. Number MAD001029297

Dear Mr. Moody:

EPA has completed its initial review of your permit application to treat/store/dispose of hazardous waste under the Resource, Conservation and Recovery Act ("RCRA"). From the information provided in your application, and a meeting held on 4/12/82, between Merrimack Ind. Finishes and EPA, it appears that the facility does not require a RCRA permit under Section 3005 of the Act, in accordance with 40 CFR Part 122.21(d)(2)(i). Under this section, a generator is allowed to accumulate hazardous waste on-site for up to 90 days, in accordance with 40 CFR Part 262.34, without a RCRA permit.

EPA is returning your application since the information contained therein does not demonstrate that the facility is required to obtain a permit under Section 3005 of RCRA. If EPA's interpretation of the application is incorrect or if the application itself is incorrect and the facility is in fact one which is required to have a permit under Section 3005 of the Act, a complete RCRA Part A Application (EPA Forms 3510-1 and 3510-3) must be completed and resubmitted to this office by 8/15/82. If hazardous waste is handled at the facility referenced above and the applicant fails or refuses to submit a complete Part A application within this period appropriate enforcement action may be taken.

CONCURRENCES

SYMBOL	Permit	Permits						
SURNAME	Wor	Boydston						
DATE	6/4/82	6/9/82						

If you have any questions, or need any assistance, please contact the appropriate EPA State Waste Programs Branch personnel listed below at (617)223-0240.

All replies should be addressed to:

U. S. Environmental Protection Agency
State Waste Programs Branch
Room 2109
JFK Federal Building
Boston, Massachusetts 02203
Attn: Richard Cavagnero

Sincerely yours,

Richard C. Boynton, Chief
Permits Section

Maine
New Hampshire
Massachusetts
Rhode Island
Vermont
Connecticut

William Sarro
Christine King
Ed Woo & Dek Lee
Frank Battaglia
Mike O'Brien
Cindy Gilder

cc:

(fill-in areas are spaced for elicit type, i.e., 12 characters/inch).

FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F MAD001029297	
GENERAL		LABEL ITEMS		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER		MAD 001029297		<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
III. FACILITY NAME		Merrimack Industrial Finishes			
V. FACILITY MAILING ADDRESS		33 Railroad Avenue			
VI. FACILITY LOCATION		Haverhill, Mass 01830			
PLEASE PLACE LABEL IN THIS SPACE		33 Railroad Ave, Haverhill, Mass.			

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP
---	------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	RICHARD H. MOODY, PRES.	617	324 4758

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	Box 129	HAVERHILL	MA	01830	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	33 RAILROAD AVE	ESSEX	HAVERHILL	MA	01830			

A. FIRST		B. SECOND	
1 2 3 4	(specify)	5 6 7 8	(specify)
C. THIRD		D. FOURTH	
9 10 11 12	(specify)	13 14 15 16	(specify)

OPERATOR INFORMATION

A. NAME
VERMACK INDUSTRIAL FINISHES

B. Is the name listed in Item VIII-A also the owner?
☐ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
- FEDERAL M - PUBLIC (other than federal or state) P (specify)
- STATE O - OTHER (specify)
- PRIVATE

D. PHONE (area code & no.)
617 374 4758

E. STREET OR P.O. BOX
RAILROAD AVE

F. CITY OR TOWN
VERHILL

G. STATE
MA

H. ZIP CODE
01830

I. INDIAN LAND
Is the facility located on Indian lands?
☐ YES ☒ NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)
T 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

B. UIC (Underground Injection of Fluids)
T 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

C. RCRA (Hazardous Wastes)
T 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

D. PSD (Air Emissions from Proposed Sources)
T 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

E. OTHER (specify)
(specify)

MAP

Attach to this application a floor plan map of the area including existing and proposed facilities. The map should show the outline of the facility, the location of each of its existing and proposed intake and discharge points, and the location of its wastewater treatment, storage, or disposal facilities, and each well where it injects fluids underground. It should also show all other surface water bodies in the map area. See instructions for precise requirements.

NATURE OF BUSINESS (provide a brief description)

Manufactures - Paint, Lacquers, & Stains for coating wood and metal Products.

I. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in this application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Richard H. Moody	B. SIGNATURE Richard H. Moody	C. DATE SIGNED 10/10/80
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FORM 1 GENERAL	 EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F MAD 001029297 </div>
II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> </div>		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X	X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 RICHARD H MOODY PRES.	617 374 4758

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN
3 BOX 129	HAVERHILL
C. STATE D. ZIP CODE	
MA 01830	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5 33 RAILROAD AVE	ESS EX
C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known)	
6 HAVERHILL MA 01830 ?	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	8010	(specify)	C	7		(specify)
15	16	17	18	15	16	17	18
C. THIRD				D. FOURTH			
C	7		(specify)	C	7		(specify)
15	16	17	18	15	16	17	18

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?						
C	8	MERIMACK INDUSTRIAL FINISHES															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15	16																66				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)						
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE															P (specify) 617 374 4758						
E. STREET OR P.O. BOX																					
33 RAILROAD AVE																					
F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND		
HAVERHILL															MA		01830		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
															40		41 42		47 - 51		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I								C	T	I							
9	N									9	P								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I								C	T	I							
9	U									9									
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I								C	T	I							
9	R									9									
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufactures - Paint, Lacquer, & Stains for coating wood and metal Products.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Richard H. Moody		Richard H. Moody		10/10/80	

COMMENTS FOR OFFICIAL USE ONLY

C															
15	16														

R. JRT OF A PHONE CALL
VISIT

In _____ Out _____

File _____

Date 5/27/81 Time _____

Routing _____

Person Contacted Richard Moody

Phone No. (617) 374-4758

Location Merrimack Industrial Finishes / Haverhill, MA.

Subject Form 1 of Part A missing

Summary They do not store over 90 days presently. After they have talked with Bill Torrey, they filed the storage permit (part A) to protect themselves in case they can not get a pickup scheduled on time.

They did not know they were suppose to correct the form 1 and sent it back to EPA.

I told them they can still apply later if they want storage over 90 days and they do not presently need a permit - but company still want to go through with it.

Action Required Waiting for corrected form 1.

Eligible for interim status - they are not really late filers since they are not storing over 90 days now.

Rich



DIV. OF COULTER FIBRES, INC.
DIVISION COULTER FIBRES INC.

EXECUTIVE OFFICES and FACTORY
33 Railroad Avenue
HAVERHILL, MASSACHUSETTS 01830
617-374-4758

December 4, 1980

EPA Region I
Permits Branch
P.O. Box 8748
Boston, MA 02114

Gentlemen:

Merrimack Industrial Finishes would like to apply for an interim storage permit on a voluntary basis. We ask this because it is our judgment that circumstances beyond our controls force us into becoming a storage facility (over 90 days). There is only one company, Solvents Recovery Services, in New England that can recycle our wash solvents. If for any reason they cannot service us as they always have in the past, we would be in violation of the E.P.A. laws.

We have been in existence since 1948. We filed and received E.P.A. #MAD 001029297. We filled out the Form I General and were advised by Don Mackie that we did not need to submit it. Having talked to Mr. Bill Torrey, it seems wiser to be safe. So here is our application.

Sincerely,

Richard H. Moody

Richard H. Moody
President
Merrimack Industrial Finishes
Div. of Coulter Fibres, Inc.

RHM/bt enc.

Larry,

This facility was a late Permit filer and he was missing form 3. We sent a letter requesting the form 3 and to amend the form 1 to indicate yes as a hazardous waste storer. He returned the missing form 3 but the original form 1 is still missing. Could you please call and find out why they were a late filer and they did not resubmit their form 1.

Rich

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER F M A D C C 1 6 2 9 2 9 7	T/A C 1
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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	4	3

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION (place an "X" below and complete item 1 above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Disposal:

INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

5	DUP										T/A C	1			
1	2											13	14	15	
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)								1. AMOUNT					
X-1	S 0 2	600						5		NONE					
X-2	T 0 3	20						6							
1	S 0 1	200						7							
2								8							
3								9							
4								10							

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODE OR FOR DESCRIBING OTHER PROCESSES (code "4"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

All we wish to do is store our own recyclable solvents between Tanks pick ups in 55 gal drums, or pallets outdoors on our own property. We will also have a few drums (10-12) of the sludge that is not picked up in bulk for recycling. The sludge we will have to dispose of according to E.P.A. Requirements.

IV. DESCRIPTION OF HAZARDOUS WASTES

1. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

2. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

3. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA Form 3510-3 (6-80)

We wish to do NO processing at all, just store for recycling and then dispose of the solids (sludge) that is not recycled in a secure land fill as per E.P.A. and State Requirements.

EPA I.D. NO. (enter from page 1)

S										T/A	C
R	M	A	D	0	0	1	0	2	9	2	9

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
71	3	30								42	47	38							
88	89	90	91	92	93	94	95	96	97	72	73	74	75	76	77	78	79	80	81

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)															
<div> <div>S</div> <div>E</div> </div>															3		4		5		6		7		8		9		0	
															15		16		17		18		19		20		21		22	
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE								
<div> <div>C</div> <div>F</div> </div>										C		G		3		4		5		6		7		8						
										45		46		47		48		49		50		51		52		53				

IX. OWNER CERTIFICATION
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
RICHARD H MOODY	Richard H. Moody	5/1/81

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
RICHARD H MOODY	Richard H. Moody	3/1/81

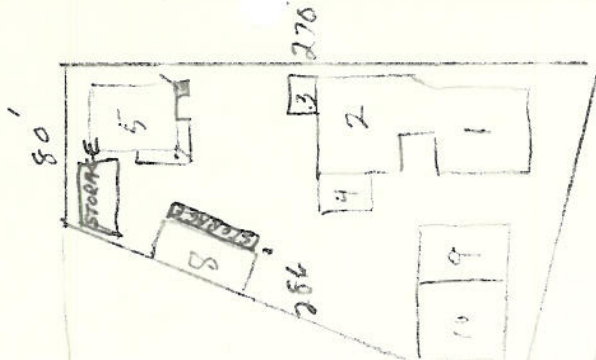
MERRIMACK RIVER

800'

20'

UNDEVELOPED
LAND

RAILROAD AVE
BOSTON & MAINE R.R.



Please See attached sheet
for Detail of Bldg.
#1 - #10

APPROXIMATE SCALE
1" = 100'



DIVISION COULTER FIBRES INC.

EXECUTIVE OFFICES and FACTORY
33 Railroad Avenue
HAVERHILL, MASSACHUSETTS 01830
617-374-4758

November 18, 1980

U.S. Environmental Protection Agency
Region 1
J.F. Kennedy Federal Bldg
Boston, MA 02203

ATTENTION: Mr. Richard C. Boynton, Chief Permit Development Section
(EPA#MAD001029297)

Dear Mr. Boynton,

I am writing this in response to your "Dear Notifier" letter, and after talking with your Don Maki by phone.

Merrimack Industrial Finishes is a small quantity generator. We will develop six to seven drums of waste paint sludge over a three month period. That is all, outside of paper, cartons, strapping, etc.

It is my understanding that we must properly dispose of this sludge material within 90 days of when it is generated. We usually have been able to do this within a couple of weeks.

I have made out the Form 1 general, but the instructions indicate that these forms need not be submitted since each question is answered "No". Mr. Maki advised not sending this in.

Hopefully, we are proceeding properly. Our waste will be labeled and disposed of through a licensed hauler and disposer.

Sincerely,

MERRIMACK INDUSTRIAL FINISHES
Div. of Coulter Fibres, Inc.

Richard H. Moody
Richard H. Moody
President

*Related
T-S-P to
recharged
Small Gen.
1/27 JR*
RHM/tlm

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

000039

Small gen

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

MAD001029297

MERRIMACK INDUSTRIES FINISHES*
PO BOX 129
HAVERHILL

MA 01830

33 RAILROAD AVE
HAVERHILL

MA 01830

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER **APPROVED** **DATE RECEIVED (yr., mo., & day)**
MAD001029297 800805
Aug 5 11 30 PM '80

I. NAME OF INSTALLATION

MERRIMACK INDUSTRIES FINISHES

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

PO BOX 129

CITY OR TOWN

HAVERHILL

ST.

ZIP CODE

MA

01830

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

33 RAILROAD AVE

CITY OR TOWN

HAVERHILL

ST.

ZIP CODE

MA

01830

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

RICHARD MOODY

617-374-4258

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

CCLTER FIBRES INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MAD001029297

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W MAD 001 02929721

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)☐ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Richard H. Moody

President

8/4/80

REPORT OF PHONE CALL
VISIT

In _____ Out _____

File _____

Date 4/12/82 Time 10:30 a.m.

Routing _____

Person Contacted Richard Moody Phone No. _____

Location Merrimack Industrial Finishes Inc.

Subject Returning Part A

Summary They sent in the Part A as a protective

filing — just in case they can not get a
transporter to take their waste away within

90 days. From the meeting held on April 12, 1982,

Richard Moody was told about Nov. 19 1982 FR

that will give him interim status storage if he

send in the Part A within 30 days.

Therefore he can be only a generator since he

stores for less than 90 days.

Dec. 10, 1982 FR gives him 30 days to get part A in. —

Jan. 11, 1982 FR gives him 30 days extension over the 90 days

in emergencies.

Action Required Return his part A. — Only a generator

Deke Lee

Signature



DIVISION COULTER FIBRES INC.

EXECUTIVE OFFICES and FACTORY
33 Railroad Avenue
HAVERHILL, MASSACHUSETTS 01830
617-374-4758

November 18, 1980

U.S. Environmental Protection Agency
Region 1
J.F. Kennedy Federal Bldg
Boston, MA 02203

ATTENTION: Mr. Richard C. Boynton, Chief Permit Development Section
EPA#MAD001029297

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Hopefully, we are proceeding properly. Our waste will be labeled and disposed of through a licensed hauler and disposer.

Sincerely,

MERRIMACK INDUSTRIAL FINISHES
Div. of Coulter Fibres, Inc.

Richard H. Moody

Richard H. Moody
President

RHM/tlm

*Deleted
T-5-D
changed to
Small Gen.
1/27 JL*

.. MANUFACTURERS OF ..

LACQUERS • ENAMELS • SYNTHETICS • STAINS • SEALERS • PRIMERS • VARNISHES • THINNERS

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		<div>MA 001029297</div> <div>Merrimack Industrial Finishes</div> <div>33 Railroad Ave</div> <div>PLEASE PLACE LABEL IN THIS SPACE</div> <div>Haverhill, Mass 01830</div> <div>33 RAILROAD AVE.</div> <div>HAVERHILL, MA.</div>		F MA 001029297	
I. EPA I.D. NUMBER				T/A C	
III. FACILITY NAME				D	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION		GENERAL INSTRUCTIONS			
		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			

II. POLLUTANT CHARACTERISTICS	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.	
SPECIFIC QUESTIONS	MARK 'X'
	YES NO FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	X
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	X
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X

III. NAME OF FACILITY	
1	SKIP

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 RICHARD H MOODY PRES.	617 374 4758

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 BOX 129	4 HAVERHILL	MA	01830

VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 33 RAILROAD AVE	6 ESSEX	7 HAVERHILL	MA	01830	2

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST

7 8010 (specify)

B. SECOND

7 (specify)

C. THIRD

7 (specify)

D. FOURTH

7 (specify)

VIII. OPERATOR INFORMATION

A. NAME

MERRIMACK INDUSTRIAL FINISHES

B. Is the name listed in Item VIII-A also the owner?

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATEM = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.)

617 324 4258

E. STREET OR P.O. BOX

33 RAILROAD AVE

F. CITY OR TOWN

HAVERHILL

G. STATE

MA

H. ZIP CODE

01830

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

9 N

9 P

B. UIC (Underground Injection of Fluids)

E. OTHER (specify)

9 U

9

C. RCRA (Hazardous Wastes)

E. OTHER (specify)

9 R

9

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture, Paints, Lacquers, and Stains for coating wood and metal.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

RICHARD H MOODY

B. SIGNATURE

Richard H. Moody

C. DATE SIGNED

10/10/90

COMMENTS FOR OFFICIAL USE ONLY

INTERNAL CHECKLIST

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐(2) FORM 3 MISSING ☒ *ok*B. POSTMARK after NOVEMBER 19, 1980 ☒ Valid ☐C. (1) DATE of OPERATION MISSING ☐(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐*7(1) Notifier*D. *(2)* NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐E. (1) FORM 1, XIII B SIGNATURE *missing* ☐ ☒(2) FORM 3, IX B SIGNATURE *missing* ☐2. A. HANDLER ☒B. NONREGULATED ☒C. UNSURE ☐D. UNKNOWN FACILITY
(missing name and address on Form 3) ☐E. NEW FACILITY ☐F. CORE ITEM(S) MISSING ☐G. NON-CORE ITEM(S) MISSING ☐H. OTHER ☐

ITEM NUMBER

- II. Pollutant Characteristics ☒
- *III. Name of Facility ☐
- IV. Facility Contact ☐
- V. Facility Mailing Address
- A. Street or P.O., Box ☐
- B. City or Town ☐
- C. State ☐
- D. Zip Code ☐
- VI. Facility Location
- *A. Street, Route Number ☐
- B. County Name ☐
- *C. City or Town ☐
- *D. State ☐
- E. Zip Code ☐
- F. County Code (if known) ☐
- VII. SIC Codes (other than Process and Hazardous Waste) ☐
- VIII. Operator Information
- *A. Name ☐
- *B. Is the name listed in VIII-A also the owner ☐
- C. Status of operator ☐
- D. Phone ☐
- *E. Street or P.O. Box ☐
- *F. City or Town ☐
- *G. State ☐
- H. Zip Code ☐

- IX. Indian Land
X. Existing Environmental Permits
XI. Map
XII. Nature of Business
XIII. Certification
 A. *1. Name and
 2. Official Title
 *B. Signature
 *C. Date Signed

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Comments:

Form 1 is missing

☐

Items preceded by * must be submitted by _____.

missing

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐2. New Facility Date (after November 19, 1980) ☐

*III. Processes

A. Process Code ☐

B. Process Design Capacity-Amount

1. Amount ☐2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

A. EPA Hazardous Waste Number ☐B. Estimated Annual Quantity ☐C. Unit of Measure ☐

D. Processes

1. Process Codes ☐2. Process Description ☐V. Facility Drawing ☐VI. Photographs ☐VII. Facility Geographic Location ☐

VIII. Facility Owner

*1. Name of Facility's Legal Owner ☐2. Phone ☐*3. Street or P.O. Box ☐*4. City or Town ☐*5. State ☐6. Zip Code ☐

*IX. Owner Certification

A. Name

B. Signature

C. Date Signed

☐☐☐

*X. Operator Certification

A. Name

B. Signature

C. Date

☐☐☐

Comments:

Form 3 is missing

☐

Items preceded by * must be submitted by _____.

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	MA-D00 10 89297
I. NAME OF INSTALLATION	Merrimack Industrial Finishes
II. INSTALLATION MAILING ADDRESS	PO Box 129 Haverhill MA 01830
III. LOCATION OF INSTALLATION	33 Rail Road Ave. Haverhill MA 01830

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

I. NAME OF INSTALLATION

HFRP/MACK INDUSTRIAL FINISHES

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PC BOX 129

CITY OR TOWN

HAVERHILL

ST.

MA

ZIP CODE

01830

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5133 RAILROAD AVE

CITY OR TOWN

HAVERHILL

ST.

MA

ZIP CODE

01830

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 RICHARD MCCOY

PHONE NO. (area code & no.)

617-324-4758

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 COLTIER FIBERS INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY															
5															
W															
1	2											13	14	15	

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Richard H. Moody</i>	NAME & OFFICIAL TITLE (type or print) <i>President</i>	DATE SIGNED <i>8/4/80</i>
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